

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703505

Entity Name: ST. LUCIE SETTLEMENT, INC.**Current Principal Place of Business:**510 SW SALERNO RD
STUART, FL 34997**Current Mailing Address:**510 SW SALERNO RD
STUART, FL 34997**FEI Number:** 59-1892296**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEVILLE, NADJA
530 SOUTHWEST SALERNO ROAD
STUART, FL 34997 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** NADJA NEVILLE

04/19/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name NEVILLE, NADJA
Address 530 SOUTHWEST SALERNO ROAD
City-State-Zip: STUART FL 34997

Title VC
Name ENDRISS, JEFF
Address 510 SW SALERNO RD
City-State-Zip: STUART FL 34997

Title SECRETARY
Name REETZ, THOMAS
Address 510 SW SALERNO RD
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name PURDY, DALE
Address 510 SW SALERNO RD
City-State-Zip: STUART FL 34997

Title CHAIRMAN
Name SPRAGUE, JOHN
Address 510 SW SALERNO RD
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name NEVILLE, NADIA
Address 510 SW SALERNO RD
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name BURDICK, GREG
Address 510 SW SALERNO RD
City-State-Zip: STUART FL 34997

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NADJA NEVILLE

TREASURER

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date